

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage  
Control Authority

Agent: (office use only)
Record number: (office use only)

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## STILL PERMIT APPLICATION

### A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
  - *Current Licensee*: Complete Sections B–C, G–H
  - *Organization*: Complete Sections B, D–E, G–H
  - *Individual*: Complete Sections B, F–H
3. Mail the following items to the address below:
  - *Completed application*
  - All required documents
  - *Nonrefundable application fee of \$50*

Virginia Alcoholic Beverage Control Authority  
License Records Management  
PO Box 3250  
Mechanicsville, VA 23116

### B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) \_\_\_\_\_
2. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### C. LICENSED PROFESSIONAL (CURRENT LICENSEE)

**DIRECTIONS:** Either *Section C-Current License* or *Section D-Permitee* is required.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Existing License Number: \_\_\_\_\_
3. Primary Phone Number: \_\_\_\_\_
4. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### D. PERMITEE-ORGANIZATION

**DIRECTIONS:** If the organization is applying directly for a license then *Section E* is required to be completed with an associated individual's contact information.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

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### E. ASSOCIATED INDIVIDUAL

1. Individual First Name and Last Name: \_\_\_\_\_
2. Preferred method of contact: ☐ Phone ☐ Email ☐ Postal Mail
3. Primary Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

### F. PERMITEE-INDIVIDUAL

1. First Name, Last Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### G. STILL INFORMATION

1. Still Type: ☐ Operational Still ☐ Non-Operational Still
2. TTB Number (if required by TTB): \_\_\_\_\_
3. Description of the Facility (applies to Operational Stills): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Provide a description of the location of the still: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe the product to be produced (applies to Operational Stills): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the production process (applies to Operational Stills): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### H. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Print name: \_\_\_\_\_ Title: \_\_\_\_\_

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# STILL PERMIT APPLICATION

## I. REQUIRED DOCUMENTS

**DIRECTIONS:** Provide officials with the following required documents at time of submittal.

- 1. Drawing of Still Location
- 2. Photograph of Still